

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN (HIRSP) EMERGENCY APPLICATION FOR REDUCED PREMIUM, DEDUCTIBLE, AND DRUG COINSURANCE

READ THE FOLLOWING BEFORE COMPLETING THIS FORM

Policyholders who unexpectedly lost a source of income may complete this form and have it notarized to apply to the Wisconsin Health Insurance Risk Sharing Plan (HIRSP) for reductions in premium, deductible, and drug coinsurance out-of-pocket maximum. Attach an explanation of your extenuating or unforeseen circumstances (e.g., death of spouse, divorce, loss of job), including any documentation supporting your request.

Answer all questions completely to permit HIRSP to process your application. In order to process your application, HIRSP needs your Social Security Number and certain other personally identifiable information. Providing this information is voluntary. However, since HIRSP uses this information to determine your eligibility for reduced premium, deductible and drug coinsurance, we cannot process your application without it. The personally identifiable information and your Social Security Number will be kept confidential and used only in our administration of the HIRSP program, as authorized by Chapter 149, Wisconsin Statutes and federal law.

HIRSP reviews tax returns to verify information submitted on this application. If your income as projected on this form is not found to be accurate, you will be required to pay any additional premium, deductible, or drug coinsurance out-of-pocket maximum owed to HIRSP. Refer to the detailed instructions on pages 3-4 to complete this application. If you have questions about the completion of this form, please contact HIRSP Customer Service at (800) 828-4777 or (608) 221-4551.

POLICYHOLDER / APPLICANT INFORMATION

Fill in the following information for HIRSP to consider your application for a reduction in premium, medical deductible, and drug coinsurance out-of-pocket maximum. Your HIRSP identification number, if known, is required for HIRSP to process your application.

| | | |
|--|--|---------------------------------------|
| Name — Policyholder | Telephone Number — Policyholder () | HIRSP Identification Number |
| Address — Policyholder (Street, City, State, Zip Code) | | Social Security Number (Optional) |

PROJECTED HOUSEHOLD INCOME

| | |
|--|----------------|
| 1. Reported total household income from prior calendar year | 1. <u>.00</u> |
| 2. Projected total income for current calendar year: | |
| a. Wages | 2a. <u>.00</u> |
| b. Business income | 2b. <u>.00</u> |
| c. Farm income | 2c. <u>.00</u> |
| d. Interest and dividends | 2d. <u>.00</u> |
| e. Distributions from IRA, SEP, SIMPLE, and deferred compensation plans | 2e. <u>.00</u> |
| 3. Other projected household income. Enter all income from the sources listed. Do not include amounts on lines 2a-2e. | |
| a. Unemployment compensation | 3a. <u>.00</u> |
| b. Social Security, federal and state SSI (Supplemental Security Income), SSI-E (Exceptional Needs Payments), SSD (Social Security Disability), and caretaker supplement payments. Include Medicare premium deductions | 3b. <u>.00</u> |
| c. Railroad retirement benefits. Include Medicare premium deductions | 3c. <u>.00</u> |
| d. Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions | 3d. <u>.00</u> |
| e. Contributions to deferred compensation plans | 3e. <u>.00</u> |
| f. Contributions to IRA, SEP, SIMPLE, and qualified plans | 3f. <u>.00</u> |
| 4. Subtotal. Add lines 2a through 3f | 4. <u>.00</u> |

PROJECTED HOUSEHOLD INCOME — CONTINUED FROM PAGE 1

| | | |
|---|-----------|------------|
| 5a. Enter amount from line 4 here..... | 5a. | .00 |
| b. Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds..... | 5b. | .00 |
| c. Scholarships, fellowships, grants, and military compensation or cash benefits..... | 5c. | .00 |
| d. Child support, maintenance payments, and other support money (court ordered)..... | 5d. | .00 |
| e. Wisconsin Works (W2) payments, county relief, kinship care, and other cash public assistance. | 5e. | .00 |
| f. Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay)..... | 5f. | .00 |
| g. Gain from sale of home excluded under Section 121. | 5g. | .00 |
| h. Other capital gains not taxable..... | 5h. | .00 |
| i. Net operating loss carryforward and capital loss carryforward. | 5i. | .00 |
| j. Income of nonresident spouse or part-year resident spouse; nontaxable income from sources outside Wisconsin; resident manager's rent reduction; clergy housing allowance; and nontaxable Native American income. | 5j. | .00 |
| k. Partners', LLC members', and S corporation shareholders' distributive share of depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs. If none was claimed, write "None."..... | 5k. | .00 |
| l. Car or truck depreciation (standard mileage rate)..... | 5l. | .00 |
| m. Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs. | 5m. | .00 |
| 6. Additional items of income (list all sources and amounts). | 6. | .00 |
| 7. Subtotal. Add lines 5a through 6. | 7. | .00 |
| 8. Number of qualifying dependents. Note: Do not count yourself or your spouse..... x \$250 = 8. | | .00 |
| 9. Total projected household income for the current calendar year. Subtract line 8 from line 7. (If \$25,000 or more, you do not qualify for a reduction in premium, deductible, or drug coinsurance out-of-pocket maximum; if \$20,000 or more, you do not qualify for a reduction in deductible.) | 9. | .00 |

SIGNATURE

I certify that the foregoing answers are true and accurate to the best of my knowledge and belief. I understand I may be responsible for any owed premiums if I obtain reductions as a result of supplying inaccurate or fraudulent information.

SIGNATURE — Policyholder

Date Signed

SIGNATURE — Parent or Legal Guardian if Policyholder is Under Age 18 or Legally Incompetent

Date Signed

Signed or attested before me on _____

Date Signed

My commission expires: _____

SIGNATURE — Notary Public

Title

Commission Expiration Date

REMINDER

To complete this application:

- Total projected household income (line 9 on page 2), signature, and date must be completed and notarized for this form to be valid.
- Attach to this form an explanation of your extenuating or unforeseen circumstances (e.g., death of spouse, divorce, loss of job), including any documentation supporting your request.
- Mail this completed form and documentation to: HIRSP; Attn: Member Services Administration; PO Box 8961; Madison, WI 53708-8961.

INSTRUCTIONS FOR COMPLETION OF EMERGENCY APPLICATION FOR REDUCED PREMIUM, DEDUCTIBLE, AND DRUG COINSURANCE

You are considered a **household** if you are:

- Single, whether you live alone or with others.
- Married, and you and your spouse live together.

You are each considered a separate household if you are married but you and your spouse maintain separate homes.

LINE 1 — Reported Total Household Income

Fill in the amount of total household income reported from the prior calendar year.

LINE 2 — Projected Total Income

a-e. Fill in the amount of wages, business income, farm income, interest and dividends, and distribution from any Individual Retirement Account (IRA) or deferred compensation plan you expect to earn in the current year in the spaces provided.

LINE 3 — Other Projected Income

3a. Unemployment compensation. Fill in the total amount of unemployment compensation you expect to receive in the current year that is not already included on lines 2a-2e. Both taxable and nontaxable unemployment compensation must be included in household income.

3b. Social Security, SSI, SSI-E, SSD, and Caretaker Supplement. Fill in the total amount of Social Security benefits you expect to receive in the current year. Include amounts deducted for Medicare premiums and any Social Security death benefits you expect to receive. Also fill in anticipated federal and state "SSI" (Supplemental Security Income) payments, "SSI-E" (Supplemental Security Income-Exceptional Needs), "SSD" (Social Security Disability), and "caretaker supplement" payments. Do **not** include Social Security or SSI payments paid directly to your children or Title XX benefits (payments for services).

3c. Railroad Retirement. Fill in the total amount of Railroad retirement benefits you expect to receive in the current year. Include amounts deducted for Medicare premiums.

3d. Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions. Fill in the **gross** amount of **all** pensions and annuities you expect to receive in the current year and not included elsewhere. Include veterans' pensions, disability payments, any amounts you expect to contribute in the current year to a pension fund, and nontaxable IRA, Simplified Employee Pension (SEP), Savings Incentive Match Plan for Employees (SIMPLE), and qualified plan distributions. Both taxable and nontaxable amounts must be included in household income. Do not include rollovers (amounts transferred from one plan to another), or tax-free Section 1035 insurance contract exchanges.

3e. Contributions to deferred compensation plans. Fill in contributions to deferred compensation plans that you expect to exclude from the current year's income on the income tax return (do not include nondeductible contributions).

3f. Contributions to IRA, SEP, SIMPLE, and qualified plans. Fill in contributions to these plans that you expect to deduct from income on the income tax return (do not include rollover contributions or nondeductible contributions).

LINE 4 — Subtotal

Enter the total of lines 2a through 3f.

LINE 5 — Projected Household Income Continued

5a. Fill in the subtotal from line 4.

5b. Interest on United States securities and state and municipal bonds. Fill in any nontaxable interest you expect to receive in the current year on securities of the federal government or its instrumentalities, such as U.S. Savings Bonds or Treasury Notes, and on nontaxable state and municipal bonds, such as Higher Education Bonds.

5c. Scholarships, fellowships, grants, and military compensation. Fill in the total amount you expect to receive in the current year for **nontaxable** scholarship and fellowship income (for example, books or tuition), educational grants, or military compensation (for example: basic quarters and subsistence allowances, Veterans Educational Assistance Program [VEAP] payments, G.I. Bill benefits; pay from duty in a combat zone; or pay received by certain members of a reserve component of the armed forces). Do not include student loans or amounts included elsewhere.

5d. Child support, maintenance payments, and other support. Fill in the total amount of any court-ordered support payments you expect to receive in the current year, including child support and family maintenance, but not foster care, voluntary support, or amounts included elsewhere.

5e. Wisconsin Works (W2), county relief, kinship care, and other cash public assistance. Fill in the total amount of any Wisconsin Works (W2), county relief, kinship care, and other cash public assistance payments (such as adoption assistance) you expect to receive in the current year. Do not include the following: a prior year's homestead credit, nontaxable foster care, gifts, food stamps, nontaxable Community Options Program (COP) payments, or fuel or energy assistance paid to a fuel supplier or utility or provided under the federal Low-Income Home Energy Assistance Act.

5f. Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay). Fill in the total amounts you expect to receive in the current year from these sources.

5g. Gain from sale of home. Fill in the projected gain from the sale or exchange of a principal residence excluded from taxable income under Section 121 of the Internal Revenue

Code. Attach a schedule showing the computation of the gain (selling price minus adjusted basis minus expense of sale).

- 5h. Other capital gains not taxable.** Include the 60% capital gain exclusion on assets held more than one year, plus any other nontaxable capital gains that are not reported elsewhere that you expect to claim in the current year.
- 5i. Net operating loss carryforward and capital loss carryforward.** Fill in any net operating loss carryforward or capital loss carryforward (one incurred in a prior year and not used in that year to offset taxable income) you expect to deduct in computing Wisconsin taxable income for the current year.
- 5j. Income of nonresident spouse or part-year resident spouse and nontaxable income from sources outside Wisconsin.** Fill in the projected income of your nonresident or part-year resident spouse for the time you resided in the same homestead. Also, fill in the income you expect to receive from sources outside Wisconsin that will be excluded from Wisconsin taxable income.
- Resident manager's rent reduction, clergy housing allowance, and nontaxable Native American income.** Fill in the projected amount that a resident manager's rent is reduced in return for services, the nontaxable housing allowance provided to a member of the clergy, and nontaxable income of a Native American.
- 5k. Partners, LLC members, and S corporation shareholders.** Fill in the distributive share of partnership, limited liability company (LLC), and tax-option (S) corporation depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs that you expect to receive in the current year.
- 5l. Car or truck depreciation (standard mileage rate).** If car or truck expenses will be claimed using the standard mileage rate on a business, rent, or farm schedule, 17 cents per mile is considered depreciation. Multiply the number of miles claimed by 17 cents, and include that number on line 5l. (The 17-cent-per-mile income adjustment is not required for miles claimed after the adjusted basis of your car or truck reaches zero. If this applies to you, attach a note explaining the situation.)
- 5m. Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs.** Fill in any depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs you expect to claim in computing Wisconsin taxable income, except amounts already filled in on line 5k or 5l.

LINE 6 — Other Income

Fill in any additional projected income not accounted for above.

LINE 7 — Subtotal

Enter the total of lines 5a through 6.

LINE 8 — Number of Dependents

Fill in the amount of your "dependent deduction" by filling in the number of "qualifying dependents" and multiplying that number by \$250.

A qualifying dependent is a person who: a) is or may be claimed as a dependent on your **federal** income tax return, and b) occupied your (the applicant's) homestead for more than six months during the calendar year. A dependent is considered to have occupied your homestead during temporary absences for reasons such as school, illness, or vacations.

The six months' occupancy requirement is considered to have been met if: a) the dependent was born or died during the calendar year and occupied your homestead during the entire time he or she lived during the calendar year; or b) during the calendar year, the dependent was adopted by you, was placed with you for adoption, or became your stepchild, and he or she occupied your homestead from that date to the end of the calendar year.

Caution: The term "dependent" does **not** include you or your spouse. Do not include yourself or your spouse in the number you fill in on line 8.

LINE 9 — Total Projected Household Income

Subtract the amount on line 8 from line 7. This is your total projected household income.